

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: March 24, 2026

Inspection Number: 2026-1012-0002

Inspection Type:

Complaint
Critical Incident

Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.

Long Term Care Home and City: Glen Rouge Community, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 9 - 12, 16, 18 - 20 and 24, 2026

The inspection occurred offsite on the following date(s): March 13, 17 and 23, 2026

The following intake(s) were inspected:

- One intake related to improper/incompetent treatment or care of a resident.
- one intake related to an anonymous complaint
- One intake related to allegations of sexual abuse of a resident by a resident

The following **Inspection Protocols** were used during this inspection:

Housekeeping, Laundry and Maintenance Services
Medication Management
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Right to freedom from abuse and neglect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: FLTCA, 2021, s. 3 (1) 4.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to freedom from abuse.

On a specified date the home did not ensure a resident's right to freedom from abuse.

Sources: Resident's clinical records, Critical Incident Report (CIR), and interviews.

WRITTEN NOTIFICATION: Integration of assessments, care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

Staff failed to collaborate in the assessment of a resident when they were discharged from hospital. Two discharge documents were sent from the hospital, one document was placed in the doctor's book by an unknown staff member. The other was received by a staff member on a specified date who completed the medication reconciliation, unaware of the other document. As a result, the resident received medications and diet texture and consistency without the appropriate changes.

Sources: CIR, resident's clinical records, interviews with staff

WRITTEN NOTIFICATION: Accommodation services

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NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 19 (1) (c)

Accommodation services

s. 19 (1) Every licensee of a long-term care home shall ensure that,
(c) there is an organized program of maintenance services for the home.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to Documentation and Communication-Maintenance is complied with.

The Long-Term Care Home's (LTCHs) Documentation and Communication-Maintenance Policy states that all maintenance requisitions submitted through Maintenance Care by team members should be tracked from submission through to completion.

Specifically, the following maintenance submissions were not completed on Maintenance Care as per policy and procedure.

- On a specified date a requisition was closed with no notes documented for the action taken.
- on a specified date a requisition remained open, with a status of "new" with no notes for action taken.
- On a specified date a requisition was closed with no name of who closed the intake and no notes for action taken.

The home staff verified that the maintenance requests should detail the action taken, with the name of the staff member addressing the maintenance request and then be closed.

Sources:

Maintenance requests, home's Documentation and Communication-Maintenance Policy and interview with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

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1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The Director was not immediately informed by the home of a critical incident when an allegation of improper or incompetent care occurred with a resident.

Sources:

CIR, and interview with staff.

WRITTEN NOTIFICATION: Maintenance Services

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NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

Upon observation in room 214 with the DES, it was observed that there was disrepair with the flooring near the window. This was as a result of snow melting on the roof resulting in condensation and water leaking into the resident room resulting in damage to the flooring in January and February 2026.

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In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that procedures that are in place for routine, preventive and remedial maintenance are complied with.

Specifically, the licensee's roof inspection policy required formal visual roof inspections for the interior and exterior aspects related to the roof, to be conducted on a quarterly basis. The home staff confirmed that a roof inspection was not completed for a specified timeframe.

Sources:

Inspector observations, home's policy and interview with staff.

WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

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NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 112 (1) 4. i.

Licensees who report investigations under s. 27 (2) of Act

s. 112 (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

4. Analysis and follow-up action, including,

i. the immediate actions that have been taken to prevent recurrence, and

The home did not include the immediate actions that have been taken to prevent recurrence of the incident in the CIR.

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Sources:

CIR, and interview with staff.

COMPLIANCE ORDER CO #001 Specific duties re cleanliness and repair

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee must ensure:

1. Conduct an audit of all resident rooms and resident common areas and make a list of repairs to walls, baseboards, flooring, electrical sockets, roof and furnishings within resident rooms. The audit must be documented.
2. Repair and/or replace walls, baseboards, flooring, electrical sockets, roof and furnishings within resident rooms.
3. Develop and implement a plan to ensure that all staff are aware of the policy or plan in place to report maintenance concerns via the licensee's software platform 'Computerized Maintenance Management System'. The plan must be documented, including date and participants. The plan must be retained for review by an Inspector.
4. Communicate the above plan to all staff. The documented record of the communication must be dated, name of manager or designate who delivered the

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communication, and staff names and signatures of those who received the communication. Communication must be retained for review by an Inspector.

5. Develop and implement a plan and schedule to ensure that preventative maintenance, specifically repair of walls, baseboards, flooring, electrical sockets, roof leaks and furnishings within resident rooms are being addressed on an ongoing basis with the maintenance department.

The plan should include:
a review and recommunication of licensee policies related to maintenance services;
documentation of the plan including date and participants;
the plan must be retained for review by the Inspector.

Grounds

During an observation, it was noted in identified rooms, that interior areas such as the walls, baseboards, furniture and flooring as a result of water damage were not maintained in good repair. Additionally a resident room was observed to have an electrical outlet which was found to be partially exposed with two electrical devices plugged in.

The home staff confirmed these areas were not in a good state of repair, were not all reported through the home's Computerized Maintenance Management System (CMMS).

Sources: Observations on specified dates, home's risk management plan- maintenance policy and interview with staff.

This order must be complied with by May 22, 2026

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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